

EVALUATION OF COPING STRATEGIES FOR CHRONIC PAIN



INTRODUCCION

- Pain is an unpleasant sensory and emotional experience associated with tissue damage (IASP, 1994, pp.210)
- Duration of at least 6 months
- Doesn't respond to conventional treatments
- May persist throughout the life of the patient (Dunajcjk, 1999)

Participants will use various coping strategies for pain and some of them are more adaptive for the quality of life than others.

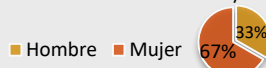
Hipotesis

To explore whether certain coping strategies for chronic pain are more adaptive than others by analyzing pain intensity, interference, and physical and mental health

Objective

METHOD

12 Spanish individual (MEAN= 78.08 years, SD = 8.36 years) with chronic pain (Bechi Adult School). 100% were retired and were mostly --- educated



PARTICIPANTS

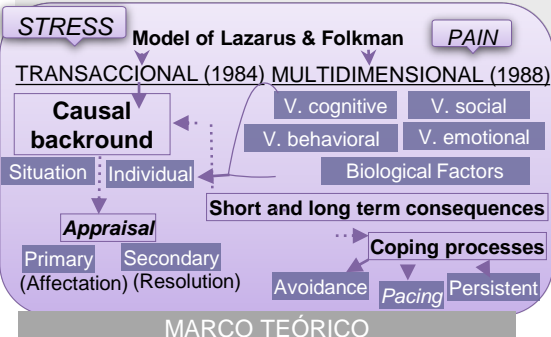
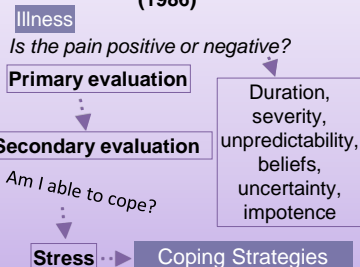
PROCEDIMIENTO

MATERIALES

- ▢ Sociodemographic questionnaire
- ▢ Health Survey (SF-12)
- ▢ BPI_SF
- ▢ Activity Patterns Scale

- ✓ Review of scientific articles
- ✓ N=1
- ✓ Sessions
- ✓ SPSS
- ✓ Analysis of the significant differences between coping strategies and variables of interference, intensity, mental and physical health

Model of Lazarus & Folkman (1986)



MARCO TEÓRICO

CONCLUSION

- People who avoid activity have less physical health
 - No factor explains mental health
 - People who persist excessively in the task, feel more pain and have more interference
 - People who perform pacing perceive that the pain is milder, there isn't excessive interference, save time to devote to valuable activities and increases their level of activity
- Despite these findings, we consider it vitally important to complement the coping strategies with the values and beliefs of the individual, in order to achieve a better adaptation of the pain to life

RESULTS

The following table explains the averages and deviations typical of the main variables and the relationships between them:

- The pain intensity has an average of 4, a value that oscillates between mild and moderate.
- The interference is moderate.
- Physical and mental health are 1 typical deviation below the population average (T = 50 score).
- Certain coping strategies are related to worse health and more pain and interference (avoidance of activity and excessive persistence), while others are associated with better health and less interference and pain

	Mean (SD)	Physical health	Mental health	Pain interference	Average pain intensity
Pain Avoidance	8.08 (3.29)	-.29	-.17	.02	-.23
Activity Avoidance	7.83 (3.83)	-.58*	-.48	.42	.14
Task Persistence	4.75 (4.20)	.22	.09	.19	.49
Excessive Persistence	5.17 (4.13)	.16	-.11	.63*	.66*
Pain Persistence	7.83 (3.13)	.36	.34	-.47	-.01
Pacing Activity	9.00 (2.45)	.03	.41	-.63*	-.42
Pacing Values	8.25 (2.63)	-.03	.28	-.58*	-.38
Pacing Pain	8.42 (2.64)	-.24	.04	-.59*	-.50
Mean (SD)		38.15 (9.70)	42.88 (12.04)	5.42 (2.08)	4.33 (1.67)

It is important to promote the strategies that have been considered more adaptive, in order to improve their quality of life

REFERENCE

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RESUMEN

Introducción: este estudio observacional tiene como objetivo explorar las habilidades de afrontamiento utilizadas por una muestra de personas mayores que no han respondido a ningún tratamiento convencional para su dolor y que asisten a una escuela de apoyo social, así como investigar si ciertas habilidades de afrontamiento (evitación, persistencia o adaptar el ritmo) son más útiles que otras. **Metodología:** los participantes son 12 personas españolas de avanzada edad de la escuela de adultos Bechí, con una edad media de 78.08 años ($DT = 8.36$), que experimentan dolor crónico (de más de 6 meses de duración). En total, el 67% eran mujeres, todos jubilados y en su mayoría tenían un bajo nivel tivo. Para medir los tipos de afrontamiento, se utilizó el cuestionario APS y se contrastó su relación con la interferencia, la intensidad del dolor y la salud física y mental de los participantes. **Resultados:** Después de un análisis de correlaciones de Spearman con el programa SPSS, los datos mostraron, por un lado, correlaciones positivas significativas entre la persistencia excesiva en la tarea y la interferencia e intensidad del dolor, y por otro lado asociaciones negativas entre la actividad y la salud física, y entre adaptar el ritmo e interferencia. Los estadísticos descriptivos mostraron una interferencia moderada, intensidad del dolor entre leve y moderada y baja salud física y mental. **Conclusión:** algunas estrategias parecen facilitar la adaptación al dolor, mientras que otras tenderían a mantener o agravar el mal estado de salud en población de edad avanzada. Esto apunta a objetivos importantes para ser utilizados en el tratamiento.

ABSTRACT

Introduction: This observational study aims to explore the coping skills used by a sample of elderly individuals attending a school who have not responded to any conventional treatment for their pain, as well as to investigate whether a set of coping skills, that is, avoidance, persistence, or pacing, is more useful than others. **Methodology:** participants are 12 Spanish students from the Bechi Adult school, with an average age of 78.08 years ($SD = 8.36$) experiencing chronic pain (i.e., more than 6 months of duration). In total, 67% were women, all of them were retired, and they were mostly poorly educated. To measure coping types, the APS questionnaire was used, and its relationship with the interference, pain intensity, physical and mental health of the participants was contrasted. **Results:** After an analysis of Spearman correlations with SPSS, the data showed on the one hand significant positive correlations between excessive persistence in the task and the interference and intensity of pain, and on the other hand negative associations between activity avoidance and physical health, and between pacing (activity, pain, values) and interference. Descriptive statistics showed moderate interference, mild-to-moderate pain intensity, and low physical and mental health. **Conclusion:** Some strategies appear to facilitate the adaptation to pain, while others are likely to maintain or aggravate poor health status in the elderly. This points to important targets to be used in treatment.

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